



DEPARTMENT OF HEALTH AND MENTAL HYGIENE
BOARD OF PROFESSIONAL COUNSELORS AND THERAPISTS

4201 Patterson Avenue, Suite 316

Baltimore, Maryland 21215

410-764-4732 or 410-764-4875

www.dhmh.maryland.gov/bopc

410-358-1610 (fax)

ALCOHOL AND DRUG TRAINEE SUPERVISOR INFORMATION

Trainee's Name: _____

Trainee's Address: _____

Trainee's Authorized to Practice Date: _____

Trainee's ADT #: _____

Trainee's Social Security # _____

Trainee's Expiration Date _____

Name of Supervisor _____

Copy of Supervisor's License or Certification _____

Approved Supervisor Reference Number (if applicable) _____

Supervisor's Place of Employment _____

Supervisor's Employment Address _____

Supervisor's Employment Telephone Number _____

COMAR 10.58.07.02: An approved alcohol and drug supervisor is one of the following: (a) Certified Professional Counselor-Alcohol and Drug (b). Licensed Clinical Alcohol and Drug Counselor or (c) A health care provider licensed under the Health Occupations Article Annotated Code of Maryland with documented 5 years experience in alcohol and drug counseling, as approved by the Board (Ex: CAC-AD, LCPC, LCSW, Nurse, Psychiatrist, Psychologist etc). The approved health care provider is given a reference number by the Board.

Counselors under the Certified Supervised Counselor –Alcohol and Drug (CSC-AD) certification are not authorized to provide supervision according to COMAR 10.58.07.09.

I affirm that I will provide supervision for the applicant above and that I am an approved alcohol and drug supervisor as specified in COMAR 10.58.07.02. Furthermore, I affirm that the information provided on this form is true and accurate.

Supervisors Signature: _____ Date: _____

PLEASE NOTE: AUTHORIZED TRAINEES WHO VIOLATE THE MARYLAND PROFESSIONAL COUNSELORS AND THERAPISTS CODE OF ETHICS MAY NOT RECEIVE FURTHER CONSIDERATION FOR CERTIFICATION OR LICENSURE

Return to the Board of Professional Counselors and Therapists

4201 Patterson Avenue, Suite 316

Baltimore, MD 21215

410-764-4732 or 410-764-4740

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